



State Heart Disease and Stroke Prevention Program Addresses Cardiac Rehabilitation



Each year about one million persons survive heart attacks in the United States.¹ Additionally, more than seven million persons have stable angina, and more than 800,000 patients have had coronary artery intervention procedures (e.g., bypass surgery). All of these persons with heart disease could benefit from cardiac rehabilitation.¹ The purpose of cardiac rehabilitation is to modify a person's coronary risk factors and to reduce morbidity, mortality, and functional disability due to cardiovascular illness.²⁻⁴

In 2001, 19 states and the District of Columbia (DC) included questions in the state-based Behavioral Risk Factor Surveillance System survey regarding receipt of cardiac rehabilitation services following a heart attack.⁵ The findings indicated that less than a third of heart disease patients had participated in cardiac rehabilitation even though most might have benefited from these services. Other studies suggest that women who have suffered a recent heart

attack or had bypass surgery are less likely to be referred to a cardiac rehabilitation program.⁶ Recent research demonstrates that physician referral is the most powerful predictor for cardiac rehabilitation enrollment.⁷ Clinical practice guidelines for cardiac rehabilitation were released and widely disseminated to health professionals in 1995 by the Agency for Health Care Policy and Research (AHCPR), now the Agency for Health Care Research and Quality.⁶ Comprehensive cardiac rehabilitation has been shown to reduce re-hospitalization rates, reduce recurrent sudden cardiac death, lessen the need for cardiac medications, and increase the rate of persons returning to work. Including cardiac rehabilitation in intervention plans for patients with heart disease remains a key strategy for reducing further disability and death.

Goals of Cardiac Rehabilitation⁶

- Improve functional capacity and quality of life
- Reduce risk of sudden death and subsequent heart attack
- Ease angina pectoris symptoms
- Prevent progression of underlying disease

State Heart Disease and Stroke Prevention Programs Take Action

Prevention through medical and public health education is vital for improved physician referrals and patient enrollment in cardiac rehabilitation. Examples of activities to implement in health care settings and the community include the following:

- Promoting health care environments that improve quality of care by increasing adherence to guidelines for heart attack survivors, persons with stable angina, and persons with coronary artery disease.

Potential Partners: primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization, American Heart Association (AHA), rehabilitation, medical associations, nursing associations, and healthcare provider associations.

- Promoting policies for diagnostic evaluation to refer eligible patients to cardiac rehabilitation and appropriate follow-up. **Potential Partners:** hospitals, managed care organizations, federally-qualified health centers, medical associations, nursing associations, healthcare provider associations, and AHA affiliate.
- Strengthening secondary prevention through increased awareness and education about the benefits of cardiac rehabilitation that promote heart healthy lifestyles. **Potential Partners:** AHA affiliate, faith- and community-based organizations, local minority nursing association, and local health departments.
- Advocating for health care coverage that includes cardiac rehabilitation services for persons that have coronary artery disease or have had a previous heart attack. **Potential Partners:** AHA affiliate, business and human resource management, employee associations, unions, third-party payers, health care providers, local policymakers.
- Advocating for equality in access to rehabilitation services for all persons, including women and members of diverse populations. **Potential Partners:** primary care associations, federally-qualified health centers, managed care organizations, Medicare Quality Improvement Organization, American Heart Association (AHA), rehabilitation and medical associations.

References

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